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EMAILED 1/6/22 (date)

BY ~~OK~~ (initials)

25 (# of pages)

U.S. District Court For The
Southern District of ILLINOIS, East St. Louis Division

Jeff McGraw #Y38458
Plaintiff

case #3:21-cv-00800-SMY

Judge Staci M. Yandle

vs

Mary Peeks, A. David, Warden
Mitchell, and Wexford Health Sources
Defendants

Reply for Summary Judgment For Failure To Exhaust
Administrative Remedies

Plaintiff Jeff McGraw #Y38458, preplys to the
Affirmative defense of the Defendants regarding summary
Judgement for Exhaustion of Administrative Remedies

Administrative Exhaustion

The Plaintiff exhausted his administrative remedies properly by taking all of the proper administrative steps. First by submitting each grievance in the institutional legal mail box. When each grievance was returned to plaintiff with or without counselor's response plaintiff resubmitted each grievance in the institutional legal mail box

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so it can go to the second stage in which is the grievance officer. Once those grievance were returned plaintiff was transferred to a different facility, in which is from Shawnee Correctional Center to Pontiac Correctional Center On 1-29-21 and put on Quarantine due to the Covid-19 Pandemic. Once an inmate is transferred from 1 Facility to another Facility his property is automatically sent to property to be searched and receives a compliance check. Plaintiff did not receive property until 2-17-21. Once Plaintiff received his property plaintiff sent all of his grievances to 3rd level by appealing signing and dating grievance officer response. Plaintiff turned mail in to be sent out to the Administrative Review Board to a c/o who put all inmate mail in the mail bag and sends it to the mailroom. Inmate was told by the correctional officer that due to his Quarantine status he mail will not be processed until his quarantine status was lifted. Plaintiff quarantine status was lifted and was sent to general population on 2-19-21. Plaintiff wrote personal property asking about property and mail being sent out and was told "Mailroom is roughly four weeks behind with limited staff, Please be patient as mailroom continues to process property". Plaintiff shall not be held accountable for the mailroom's backed up mail due to limited staff during the covid-19 Pandemic.

Plaintiff would list his exhaustion of remedies each in order from each event with movement sheet and Counselor summary from mail room.

Incident dated 11-25-20 Grievance 2020-11-108E
Exhibit B1 Grievance turned in through institutional legal mail box. Grievance ~~deemed emergency and~~ ~~sent to second level,~~
Exhibit B2 Grievance officer Report Dated 1-20-21.
Grievance appealed and signed to be sent to Administrative Review Board,
Exhibit B3 Administrative Review Board Response dated 3-16-21

Incident dated 12-8-21 Grievance 2020-12-42E
Exhibit C1 Grievance turned in through institutional legal mail box. Grievance Deemed emergency and sent to second level,
Exhibit C2 Grievance officer Report Dated 1-13-21.
Grievance appealed and signed to be sent to Administrative Review Board,
Exhibit C3 Administrative Review Board Response dated 3-16-21

Incident dated 12-16-21 Grievance 2020-12-84
Exhibit D1 Grievance turned in through institutional legal mail box. Grievance sent to grievance officer on 12-23-20
Exhibit B2 Grievance officer Report Dated 1-20-21.
Grievance appealed and signed to be sent to administrative Review Board,
Exhibit B3 Administrative Review Board Response dated 3-16-21

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Incident Dated 4-15-21 Grievance 092121 Exhibit E1
Grievance turned in through institutional legal mail Box.
Grievance sent to grievance officer on 5-5-21 Exhibit E2
Grievance officer report dated 6-10-21. Grievance
appealed signed and dated 7-7-21. Exhibit E3
Administrative Review Board Response dated 7-14-21

Incident Dated 5-9-21 Grievance 092495 Exhibit F1
Grievance turned in through institutional legal mail Box.
Grievance sent to grievance officer on 5-17-21. Exhibit F2
Grievance officer report dated 8-12-21. Grievance
appealed signed and dated 8-17-21. Exhibit F3
Administrative Review Board Response dated 8-26-21

Counseling summary Dated 4-13-21 Exhibit A1
Response to offenders Request.

Movement sheet Exhibit A2

Wherefore, For the above and foregoing reasons plaintiff
respectfully request that this honorable court enter judgement
in his favor allowing plaintiff to proceed with his complaint.

Respectfully submitted
Prose Jeff McGraw Y38458
Plaintiff Jeff McGraw

1st Lvl rec: 2020-11-108 ILLINOIS DEPARTMENT OF CORRECTIONS 7B/11E 2nd Lvl rec:

Date: 11-25-20 Offender (please print): Jeff McGraw ID #: Y38458 Race (optional): BLACK

Present Facility: Shawnee Correctional Center Facility where grievance issue occurred: Shawnee Correctional Center

Nature of grievance:

☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation

☒ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit

☐ Transfer Denial by Facility ☒ Other (specify): Inadequate Medical assistance, Deliberate Indifference

☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local grievance procedure on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue is subject to review by the Chief Administrative Officer, only if EMERGENCY grievance. Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 11-17-20 I put in a Nurse sick call because for the past 8 months I have been seeking treatment from the Medical staff here. I have a history of bladder problems and prostate problems due to me being shot and having prostatitis. This is my 9th time putting a Nurse sick call slip and I am being refused medical treatment by Nurse Practitioner Mary Peck and Dr. David. A couple of weeks back Mary Peck gave me a urine test for this problem in which does not detect bladder function or prostate problems. I took the urine test and explained to Mary Peck my problems and even

☒ Continued on reverse

Relief Requested:

Please give me proper medical care, investigate Mary Peck for Medical Malpractice and racism. Please let me see the Dr for all my problems because I fear Mary Peck will retaliate.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Jeff McGraw
Offender's Signature

Y38458
ID#

11-25-20
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name _____ Sign Counselor's Name _____ Date _____

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 12/1/20

Is this determined to be of an emergency nature:

☒ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

MAR 08 2021

ADMINISTRATIVE
REVIEW BOARD

[Signature]
Chief Administrative Officer's Signature

12/1/20
Date

Distribution: Master File, Offender

Page 1 of 2

DOC 0048 (Rev. 01/2020)

MCGRAW ARB 0024

Assigned Grievance #/Institution:

Housing Unit: 2022


Bed #: 32


ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance


explained that i have had this problem before. Mary peck responded "i don't know" what the fuck i'm talking about". I explained that if she look in my medical file which was in her hand she would see my history and test from a Urology DR (Exhibit 2) in which it states i had prostatitis, chronic B/I testicular pain, I have had Suprapubic and urethral Foley catheters, acute bacterial prostatitis and was given cipro 500. She responded saying "she doesn't care she do what she wants because she did 3 years in college for her job and she would come back and talk to me. Everytime i talk to her about my medical problems she is very rude, unprofessional and tend to have attitudes. Mary peck has something against me because i am a young black man which is very wrong to be racist and bias. I have been shot and has had a bullet fragment removed from my bladder. I have a hard problems urinating, i have chronic pain in my pelvic area and penis. Sometimes i cant hold my urine causing me to urinate on myself. Ms Mary peck is well aware of this because we went over my medical records on other occasions and she was the person who had me sign the release of medical records paper. Exhibit 1 and 2. I'm having urinary retention which is the inability to empty the bladder at all and requires urgent medical treatment to drain accumulated urine. I have Urinary Incontinence which causes urine leaks when the bladder is under pressure and is caused by a ENLARGED PROSTATE. I have had PROSTATITIS which is inflammation of the prostate gland and is treated with medication. The condition may be slow to clear up and tends to recur. And i have a ENLARGED PROSTATE which is due to inflammation, prostate cancer, or benign prostatic hyperplasia. Symptoms of BPH may include frequent urination, delay in starting to pass urine, a weak urine flow, dribbling after urinating, and a feeling that the bladder has not emptied completely. Occasionally urine flow may be completely blocked causing rapidly increasing pain. THIS REQUIRES URGENT TREATMENT TO DRAIN ACCUMULATED URINE. Severe cases are treated with medications to shrink the prostate to improve urine flow. All of this is known to Mary Peck and she is intentionally refusing me adequate medical assistance and causing my problems to get worse which is wanton infliction of pain. The Supreme court has stated "deliberate indifference to serious medical needs of prisoners constitutes the unnecessary and wanton infliction of pain proscribed by the Eighth Amendment. As with other Eighth Amendment claims, the deliberate indifference standard requires a plaintiff to show that the defendants had actual knowledge of an objective cruel condition (in medical cases, a serious medical need) and did not respond reasonably to the risk.

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

52-32

Grievance Officer's Report		
Date Received: 12/14/2020	Date of Review: 01/18/2021	Grievance # (optional): 202011108E
Offender: Jeff McGraw	ID#: Y38458	
Nature of Grievance: 11. Medical E. Treatment This response is for both 2020-11-108E and 2020-12-84.		
Facts Reviewed: Grievant states: On 11-17-20 I put in for NSC this is my ninth time putting in for NSC and I am being refused medical treatment by NP, Peeks and Dr. David. NP Peeks gave me a urine test a couple of weeks ago and I tried to explain to her that the test will not detect my problem of bladder and prostate problems. I told her to look in my file and she would see my history and test form. I tried to explain my past health issues and she was very rude, unprofessional and tends to have an attitude. M. Peeks has something against me because I am a young black man which is very wrong to be racist and bias. I have urinary incontinence, enlarged prostate, prostatitis and symptoms of BHP. All of this is known by M. Peeks and she is intentionally refusing me adequate treatment. On 12-16-20 I still have yet to receive medical attention for my enlarged prostate.		
Relief Requested: Give me proper medical care, investigate Mary Peeks for medical malpractice and racism. Please let me see the Dr. for all my problems because I fear Peeks will retaliate.		
Reviewed response from A. David, MD: He has been seen many times by the NP and the nurses claiming he has urinary retention from previous gun shot wound and prostate enlargement. He has been straight cath with no evidence of urinary retention. He is very young to have an enlarged prostate. There is no evidence of inflammation of the prostate (prostatitis). He will be seen as needed by nurses.		
Reviewed response from M. Peeks: The allegations made by McGraw are false. I conduct myself in a professional manner and the offenders age or skin color does not impact the care that is provided.		
Recommendation: Based upon a total review of all available information, this Grievance Officer recommends the grievance be DENIED. The offender is being afforded medical treatment and will continue to be provided services. He should continue to contact the HCU if he feels he needs to be seen. Staff misconduct could not be substantiated.		
Kim Johnson, CCII <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small> </div> <div style="text-align: center;">  <small>Grievance Officer's Signature</small> </div> </div>		

Chief Administrative Officer's Response	
Date Received: 12021	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
RECEIVED MAR 08 2021 ADMINISTRATIVE REVIEW BOARD	
 <small>Chief Administrative Officer's Signature</small>	12021 <small>Date</small>

Offender's Appeal To The Director		
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small>		
 <small>Offender's Signature</small>	Y38458 <small>ID#</small>	2-17-21 <small>Date</small>

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender: McGraw Last Name Jeff First Name MI Y38458 ID#

Facility: Pontiac

☐ Grievance: Facility Grievance # (if applicable) 202011108E Dated: 1/20/21 or ☐ Correspondence: Dated: _____

Received: 3/8/21 Date Regarding: Medical - denied treatment for bladder & prostate 11/17/2020

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer Print Name Debbie Knauer Signature 3/16/21 Date

Assigned Grievance Institution: 2020-12-42 Processing Unit: Jeg d Ref #: 24

1st Lvl rec: 2020-12-42 ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance 11E 2nd Lvl rec:

Date: 12-8-20 Offender (please print): Jeff McGraw ID #: Y38458 Race (optional):

Present Facility: Shawnee Correctional Center Facility where grievance issue occurred: Shawnee Correctional Center

Nature of grievance:

☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation

☒ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit

☐ Transfer Denial by Facility ☒ Other (specify): Inadequate medical attention, pain and suffering, deliberate indifference.

☐ Disciplinary Report

Date of report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on this protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Receipt, etc.) and place in the designated locked receptacle marked "grievance".

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue also resolved by the Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information to each person involved):

On 12-8-20 in healthcare at 8:17 am i was waiting to see telephyc and observed Warden Mitchell Wall in threw the back of healthcare and i asked can i have a word with him about a emergency. He said yes so i told him im in alot of pain due to me having a enlarged prostate and its not being properly treated. I also told him that healthcare is refusing me medical attention and deliberately not giving me medical attention and lettin me suffer with severe pain. He asked me how long has this been goin

☒ Continued on Reverso

Relief Requested:

Give me proper medical treatment. im also pursuing a civil suit for compensation.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Jeff McGraw Offender's Signature Y38458 ID# 12-08-20 Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: _____ ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name _____ Sign Counselor's Name _____ Date _____

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 12/16/20

Is this determined to be of an emergency nature:

☒ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure.

Shuckes Chief Administrative Officer's Signature

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
 Offender's Grievance

2nd of 10

I told him always and identified the nurse practitioner Mary pecker who is refusing me medical treatment who was behind the nurses station. He asked her what was going on she said she's not seeing me and that she referred me to Dr. David and i was going to see him on Monday 12-7-20. I informed Warden Mitchell that Nurse practitioner was lying and said the same thing 3 weeks ago. Warden Mitchell told me he wasn't a Dr and would have to take Nurse practitioners word until he sees otherwise. Leaving me to suffer in pain. On 12-7-20 i was never seen by any medical what so ever and at 11:20 both warden Mitchell and Warden Walker did a walk threw here in receiving. I asked to speak with warden Mitchell he asked what was it about and i told him i'm in extreme pain and told him i saw him Friday in health care and the Nurse practitioner Mary pecker told him i would be seen That day which was 12-7-20 he said he remember that. So i told him i still haven't been seen and i going throw unbearable pain he said O well and walked off. I have ~~been~~ exhausted all of my administrative remedies and i don't know what else to do so i can receive proper treatment. I am deliberately being refused medical treatment leaving me to extreme pain 18 hrs a day because im a black man in a racist Facility. If i don't receive immediate care im going to have my lawyers contact all news channels, Black lives matter and who else to ~~ensure~~ ensure i receive proper treatment. I'm also pursuing a civil suit thru the 1983 Form.

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

52-32

Grievance Officer's Report		
Date Received: <u>12/17/2020</u>	Date of Review: <u>01/13/2021</u>	Grievance # (optional): <u>2020-12-42E</u>
Offender: <u>Jeff McGraw</u>	ID#: <u>Y38458</u>	
Nature of Grievance: <u>11. Medical</u> <u>E. Treatment</u>		
<p>Facts Reviewed:</p> <p>Grievant states: On 12-4-20 I was waiting to see telepsych and I observed Warden Mitchell so I asked if I can have a word with him about an emergency. He said yes so I told him I'm in a lot of pain due to me having an enlarged prostate and it's not being properly treated. I also told him that healthcare is refusing me medical attention and deliberately not giving me medical attention and left me to suffer with severe pain. He asked me how long has this been going on. I told him always and told him NP Peek was the one refusing to see me. I was going to see Dr. David on 12-7-20 since Peek referred me to him. On 12-7-20 Warden Mitchell said he was not medically trained and would rely on the medical staff to treat me. I was never seen by any medical provider on 12-7-20. I saw Warden Mitchell and Walker in the day making rounds and asked to speak with him again regarding my suffering. He said oh well, and walked off. I don't know what else to do. If I don't receive immediate care I'm going to have my lawyers contact all news channels, black lives matter and who else to ensure I receive proper treatment. I'm also pursuing a civil suit thru the 1983 forms.</p> <p>Relief Requested: Give me proper medical treatment, I'm also pursuing a civil suit for compensation. Reviewed response from Dr. David, Medical Director: He has been seen multiple times by the NP and the nurses claiming he has urinary retention from prior GSW and prostate enlargement. He has been straight cathed with no evidence of urinary retention. He is very young to have an enlarged prostate. There is no evidence of inflammation of the prostate (prostatitis). He will be seen as needed by the nurses and is scheduled to be seen by a medical professional the week of January 18, 2021.</p>		
<p>Recommendation:</p> <p>Based upon a total review of all available information, this Grievance Officer recommends the grievance be DENIED. The offender is being afforded medical treatment and will continue to be provided services. He should continue to contact the HCU if he feels he needs to be seen.</p>		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <p>Kim Johnson, CCII</p> <p style="font-size: small;">Print Grievance Officer's Name</p> </div> <div style="width: 50%; text-align: center;"> <p style="font-size: small;">Grievance Officer's Signature</p> </div> </div> <p style="font-size: x-small; text-align: center;">(Attach a copy of Offender's Grievance, including counselor's response if applicable)</p>		
Chief Administrative Officer's Response		
<p>Date Received: <u>1/13/21</u></p> <p>Action Taken: <input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand</p>		
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p style="font-size: small;">Chief Administrative Officer's Signature</p> </div> <div style="text-align: center;"> <p style="font-size: large; font-weight: bold;">RECEIVED</p> <p>MAR 08 2021</p> <p>ADMINISTRATIVE REVIEW BOARD</p> </div> <div style="text-align: center;"> <p><u>1/13/21</u></p> <p style="font-size: x-small;">Date</p> </div> </div>		
Offender's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>_____ Offender's Signature</p> </div> <div style="width: 20%;"> <p>_____ ID#</p> </div> <div style="width: 40%;"> <p>_____ Date</p> </div> </div>		

ILLINOIS DEPARTMENT OF CORRECTIONS
Administrative Review Board
Return of Grievance or Correspondence

Offender: McGraw Jiff Y.38458
Last Name First Name MI ID#
 Facility: Pontiac

☐ Grievance: Facility Grievance # (if applicable) 2020-12-42E Dated: 1/13/21 or ☐ Correspondence: Dated: _____
 Received: 3/8/21 Regarding: Medical treatment for prostate 12/4/2020
Date

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
 Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____
Date
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer

Print Name

Debbie Knauer

Signature

3/16/21

Date

Distribution: Offender
 Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 3/2018)

MCGRAW ARB 0028

002
Exhibit 13

2020-12-84 ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance
Date: 12-16-20 Offender (please print): Jeff Melraw ID #: Y38458 Race (optional): BLACK
Present Facility: Shawnee Correctional Center Facility where grievance issue occurred: Shawnee Correctional Center

Nature of grievance:
☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation
☒ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☒ Other (specify): Inadequate medical assistance, negligence
☐ Disciplinary Report
Date of report: Facility where issued:

Note: Protective Custody Denials may be grieved immediately via the local grievance procedure. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

RECEIVED
SHAWNEE CORRECTIONAL CENTER
DEC 29 2020
DEC 21 2020
GRIEVANCE LIAISON
CLINICAL SERVICES

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility as resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance
Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):
Today is 12-16-20 and i still have yet to recieve medical attention for my enlarged prostate. I am in seivre pain constantly. I saw a nurse nicole sunday and she showed me i was scheduled to see Dr. David for prostate issues 12-8-20 and i have yet to be seen. I dont know what this medical staff here has against me but i deserve to be treated equally due to my constitutional rights. I am constantly puttin in grievances, i had my mother and family members call up here to complain

Relief Requested:
Please give me adequate medical assistance, investigate all medical staff here at shawnee, and send me to another Facility before these people try to kill me here.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☒ Check if this is NOT an emergency grievance.
Jeff Melraw Offender's Signature Y38458 ID# 12-16-20 Date
(Continue on reverse side if necessary)

Counselor's Response (If applicable) Date Received: ☒ Send directly to Grievance Officer
☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:
No review will be given due to not following DR 504.810, duplicate to grievance #2020-12-42.

This is a separate incident!
Bob Allman Print Counselor's Name Jeff Y38458 Sign Counselor's Name 12/23/20 Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.
EMERGENCY REVIEW: Date Received: MAR 08 2021
Is this determined to be of an emergency nature:
☐ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure
ADMINISTRATIVE REVIEW BOARD

Exhibit 11

Assigned Grievance #/Institution:

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

And Date

about my treatment, I saw nurses, I told both wardens, and plant is still havent been seen and treated for these very serious conditions. I am in pain 19hrs of each day and my pain level is now at a 10. I am in severe unbearable pain because of these racist medical staff and people who are trying to hurt me temporarily. I dont know what needs to be done but it need to be done asap. Can i please see medical asap its in my file i have medical problems with my prostate and bladder and i even attached the copies to recent grievances. I am in so much pain i cry sometimes and cant get out of bed please Help!

Exhibit E-1

Pontiac Correctional Center

Assigned Grievance #/Institution:

Housing Unit: C-10 Bed #: 915

1st Ltr rec: MAY. 05 2021

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Ltr rec: MAY 17 2021

Date: <u>4-15-21</u>	Offender (please print): <u>Jeff McGraw</u>	ID #: <u>Y38458</u>	Race (optional): <u>Black</u>
Present Facility: <u>Pontiac Correctional Center</u>		Facility where grievance issue occurred: <u>Shawnee Correctional Center</u>	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☐ Medical Treatment ☐ ADA Disability/Accommodation
- ☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
- ☐ Transfer Denial by Facility ☐ Other (specify):
- ☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Today 4-15-21, I went to HCU for a follow up about a x-ray I had here at Pontiac. I discovered I have several metal fragments in my pelvis area, bladder and stricture and will have to get surgery to get them removed. I been complaining at Shawnee Correctional Center for 7 months now and I'm finally receiving proper care. I have filed several grievances complaining about inadequate medical assistance, deliberate indifference, and the excruciating pain and suffering.

Relief Requested:

Adequate medical assistance

- ☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
- ☐ Check if this is NOT an emergency grievance.

Jeff McGraw
Offender's Signature

Y38458
ID#

4-15-21
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 5/5/2021 ☒ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 18277, Springfield, IL 62784-8277

Response:

This grievance pertains to medical treatment and should be forwarded directly to the grievance office.

A. Dretz CC
Print Counselor's Name

Charles Dretz
Sign Counselor's Name

5/5/2021
Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 4/19/21

Is this determined to be of an emergency nature:

☒ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Quanta Jackson B
Chief Administrative Officer's Signature

ADMINISTRATIVE
REVIEW BOARD

4/19/21
Date

Distribution: Master File; Offender

Page 1 of 2

DOC 0048 (Rev. 01/2020)

MCGRAW ARB 0015

Bed #2

2nd Lvl rec.

09

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 05/17/2021	Date of Review: 06/01/2021	Grievance # (optional): 092121
Offender: McGraw, Jeff	ID#: Y38458	
<p>Nature of Grievance:</p> <p>Medical Treatment- INADEQUATE MEDICAL CARE AT SHAWNEE C.C.</p>		
<p>Facts Reviewed:</p> <p>Offender grieves medical treatment by facility HCU.</p> <p>The HCU Administrator's response, dated 6/1/2021, the grievance dated 4/15/2021 was read and the applicable medical record was reviewed.</p> <p>I am responding to your grievance as indicated above;</p> <p>On 4/5/2021 offender was seen in Urgent Care with Dr. Tilden. Offender had a medication issue and questions concerning an x-ray. Offender returned medication card of Ditropan. Offender was prescribed Mobic 15mg x 3 months. X-ray results discussed.</p> <p>UIC Urology appointment pending for this issue.</p> <p>If you are in need of medical attention, nurses are available 7 days a week. Contact the gallery officer to obtain a Medical Request Form and fill it out accordingly then submit it. Once HCU has received your slip you will be seen at sick call and evaluated and treated or referred to MD/NP sick call.</p>		
<p>Recommendation:</p> <p>Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the offender's grievance be considered MOOT at this juncture based on the response of facility HCU Administrator to the issue. Any other judgement upon the issue that when returned for cause would have no practical effect upon the existing controversy.</p>		
<p>M. Hedrick 3003</p> <p><i>M. Hedrick</i></p> <p>Print Grievance Officer's Name Grievance Officer's Signature</p> <p>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</p>		

Chief Administrative Officer's Response	
Date Received: 6-10-21	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
<p>Action Taken:</p> <p>RECEIVED</p> <p>JUL 12 2021</p> <p><i>Leonta Jackson</i></p> <p>ADMINISTRATIVE REVIEW BOARD 6-10-21</p> <p>Chief Administrative Officer's Signature Date</p>	

Offender's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
<i>Jeff McGraw</i>	Y38458	7-7-21
Offender's Signature	ID#	Date

Exhibit 8

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

McGraw Last Name Jeff First Name MI Y38458 ID#

Facility: Pontiac

☐ Grievance: Facility Grievance # (if applicable) 92121 Dated: 6/10/21 or ☐ Correspondence: Dated: _____

Received: 7/12/21 Regarding: inadequate medical treatment @ Shawnee

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Eamed Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date _____
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer 7/14/21
Print Name Signature Date

Exhibit 1

Pontiac Correctional Center

Assigned Grievance #/Institution: _____ Housing Unit: ECH Box #: 903

1st Lvl rec: MAY 14 2021 ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance 2nd Lvl rec: MAY 25 2021

Date: <u>5-9-21</u>	Offender (please print): <u>JEFF McGRAW</u>	ID #: <u>Y38458</u>	Race (optional): <u>Black</u>
Present Facility: <u>Pontiac Correctional Center</u>		Facility where grievance issue occurred: <u>Pontiac Correctional Center</u>	

Nature of grievance:

☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation

☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit

☐ Transfer Denial by Facility ☒ Other (specify): Inadequate Medical, Deliberate Indifference.

☐ Disciplinary Report

Date of report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 5-6-21 I was sent to Health care for urgent care. My appointment was for Chronic Clinic. I informed Dr Tilden that I am in severe pain due to bullet fragments being in my pelvis and scrotum. Tilden told me that my problems are important and I am scheduled to see a urologist. I am being told I am scheduled to see somebody and this is going on 3 months here at Pontiac that in receiving adequate medical assistance, Dr Tilden put me

☒ Continued on reverse

Relief Requested: Please give me adequate medical assistance. Investigate Wexford.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☒ Check if this is NOT an emergency grievance.

Jeff McGraw Y38458 5-9-21
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 5/17/21 ☒ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 18277, Springfield, IL 62704-0277

Response: This issue pertains to medical treatment and should be forwarded directly to the grievance office.

A. Dietz, cc A. Dietz 5/17/21
Print Counselor's Name Sign Counselor's Name Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: _____

Is this determined to be of an emergency nature:

☐ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

RECEIVED
AUG 23 2021
ADMINISTRATIVE REVIEW BOARD

Exhibit F1

Assigned Grievance #/Institution:

Housing Unit:

Ech

Bed #:

903

1st Lvl rec:

MAY 14 2021

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec:

On 4 pain med Tremedol for 3 weeks and told me he would put me on a higher dosage and add Meloxicam to help with my pain but only put me on 15mg Meloxicam which is a no one cares. Wexford should be shut down and investigated. I am scared if this problem doesn't get fixed soon I will have more problems for the rest of my life. please help me before I have permanent problems or maybe even lose my chance to produce sperm or have an erection.

092495

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: <u>05/25/2021</u>	Date of Review: <u>08/10/2021</u>	Grievance # (optional): <u>092495</u>
Offender: <u>McGraw, Jeff</u>	ID#: <u>Y38458</u>	
Nature of Grievance: Medical Treatment- DR TILDEN (CONDUCT 5/6/21); INADEQUATE MEDICAL ASSISTANCE		
Facts Reviewed: Individual in Custody grieves medical treatment by facility HCU. The HCU Administrator's response, dated 8/8/2021, the grievance dated 5/9/2021 was read and the applicable medical record was reviewed. I am responding to your grievance as indicated above: On 6/2/2021 patient was seen and evaluated at UIC Urology. Current medications are Ultram 50mg BID and Ditropan 5mg BID. If you are in need of medical attention, nurses are available 7 days a week. Contact the gallery officer to obtain a Medical Request Form and fill it out accordingly then submit it. Once HCU has received your slip you will be seen at sick call and evaluated and treated or referred to MD/NP sick call.		
Recommendation: Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the Individual in Custody's grievance be considered MOOT at this juncture based on the response of facility HCU Administrator to the issue. Any other judgment upon the issue that when returned for cause would have no practical effect upon the existing controversy. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> H. Cox <small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small> </div> <div style="width: 50%; text-align: right;"> <small>Grievance Officer's Signature</small> </div> </div>		
Chief Administrative Officer's Response		
Date Received: <u>8-12-21</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
Action Taken:	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> RECEIVED AUG 23 2021 ADMINISTRATIVE REVIEW BOARD </div>	
 <small>Chief Administrative Officer's Signature</small>		<u>8-12-21</u> <small>Date</small>
Offender's Appeal To The Director		
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small>		
 <small>Offender's Signature</small>	<u>Y38458</u> <small>ID#</small>	<u>8-17-21</u> <small>Date</small>

Exhibit P3

J.B. Pritzker
GovernorRob Jeffreys
Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: McGraw, Jeff

8/26/21

Date

ID#: Y38458

Facility: Pontiac

This is in response to your grievance received on 8/23/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 5/9/21 Grievance Number: 092495 Griev Loc: Pontiac

- ☐ Transfer denied by the Facility
- ☐ Dietary _____
- ☐ Personal Property _____
- ☐ Mailroom/Publications _____
- ☐ Assignment (job, cell) _____
- ☐ Commissary / Trust Fund _____
- ☐ Conditions (cell conditions, cleaning supplies, etc.) _____
- ☐ Disciplinary Report: Dated: _____ Incident # _____
- ☒ Other Medical Treatment - treatment for pain in pelvis/scrotum

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.
- ☒ Other: Per HCUA, patient seen and evaluated at UIC Urology on 6/2/21. Grievant has access to medical care.

Treatment is at the discretion of IDOC Physicians. Grievant may submit a request to healthcare for any issues that arise.

FOR THE BOARD:

Travis Bayler
Administrative Review Board

CONCURRED:

Rob Jeffreys
Director

CC: Warden, Pontiac Correctional Center
McGraw, Jeff, ID# Y38458

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

www.Illinois.gov/Idoc

MCGRAW ARB 0009

Exhibit A1

State of Illinois - Department of Corrections

Counseling Summary

IDOC # Y38458

Counseling Date 04/13/21 13:49:39:183

Offender Name MCGRAW, JEFF A.

Type Collateral

Current Admit Date 08/30/2019

Method Other

MSR Date 04/12/2022

Location PON EAST UNAPPROVED PROTECTIVE C

HSE/GAL/CELL EU-09-15

Staff NOTHNAGLE, RYAN J., Correctional Officer

Received and responded to Offender's request pertaining to PERSONAL PROPERTY. Offender is advised that his Property to be sent out is in Personal Property waiting on the Mailroom to send it out. Offender is advised Mailroom is roughly four weeks behind with limited staff, please be patient as Mailroom continues to process property.

Exhibit A2

Offender	Offender Status	Movement Date	Movement Type	Origin	Destination	Parent Institution	Discharge Date
Y38458 MCGRAW, JEFF A	IN CUSTODY	7/16/2021 16:20	FURLOUGH RETURN	FURLOUGH	PONTIAC	PONTIAC	
Y38458 MCGRAW, JEFF A	MEDICAL FURLOUGH	7/16/2021 8:45	MEDICAL FURLOUGH OUT	PONTIAC	FURLOUGH	PONTIAC	
Y38458 MCGRAW, JEFF A	IN CUSTODY	6/18/2021 14:08	LOCATION CHANGE	PONTIAC MENTAL HEALTH	PONTIAC	PONTIAC	
Y38458 MCGRAW, JEFF A	IN CUSTODY	6/18/2021 14:06	LOCATION CHANGE	PONTIAC	PONTIAC MENTAL HEALTH	PONTIAC	
Y38458 MCGRAW, JEFF A	IN CUSTODY	6/2/2021 14:05	FURLOUGH RETURN	FURLOUGH	PONTIAC	PONTIAC	
Y38458 MCGRAW, JEFF A	MEDICAL FURLOUGH	6/2/2021 4:50	MEDICAL FURLOUGH OUT	PONTIAC	FURLOUGH	PONTIAC	
Y38458 MCGRAW, JEFF A	IN CUSTODY	2/19/2021 14:11	LOCATION CHANGE	PONTIAC MENTAL HEALTH	PONTIAC	PONTIAC	
Y38458 MCGRAW, JEFF A	IN CUSTODY	1/29/2021 12:59	LOCATION CHANGE	PONTIAC	PONTIAC MENTAL HEALTH	PONTIAC	
Y38458 MCGRAW, JEFF A	IN CUSTODY	1/29/2021 11:32	TRANSFER IN	TRANSPORTATION	PONTIAC	PONTIAC	
Y38458 MCGRAW, JEFF A	IN CUSTODY	1/29/2021 5:42	TRANSFER OUT	SHAWNEE	PONTIAC MEDIUM SECURITY	SHAWNEE	
Y38458 MCGRAW, JEFF A	IN CUSTODY	9/17/2019 18:49	TRANSFER IN	TRANSPORTATION	SHAWNEE	SHAWNEE	
Y38458 MCGRAW, JEFF A	RECEPTION	9/17/2019 8:00	TRANSFER OUT	NORTHERN R&C	SHAWNEE	STATEVILLE	
Y38458 MCGRAW, JEFF A	RECEPTION	8/30/2019 11:16	ADMIT IN	ADMISSION	NORTHERN R&C	STATEVILLE	

U.S. District Court ^{IN THE} for the Southern
District of Illinois East St. Louis Division

Jeff McGraw Y38458

Plaintiff/Petitioner

Vs.

Mary Peeks, A. David, Warden Minter
Defendant/Respondent Wexford Health Sources

No. 3:21-CV-00800-SMY

Judge Staci M. Yandle

PROOF/CERTIFICATE OF SERVICE

TO: Brent S. Scott
Cassiday Schade LLP
100 North Broadway Suite 1580
St. Louis, MO 63102

TO: Clerk of the Court
using electronic case filing
system.

PLEASE TAKE NOTICE that at: 10:30 AM/PM January 4th, 2022,
placed the documents listed below in the institutional mail at Pontiac Correctional Center
Correctional Center, properly addressed to the parties listed above for mailing through the
United States Postal Service.

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/1-109 I declare, under penalty of perjury
that I am a named party in the above action, that I have read the above documents, and that
the information contained therein is true and correct to the best of my knowledge and belief.

DATED: 1-4-22

/s/ Respectfully Submitted

Name: Jeff McGraw

IDOC No. V38458

Pontiac Correctional Ctr.

POB 99

Pontiac, IL

61764



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
prisoner.esl@ilsd.uscourts.gov

ELECTRONIC FILING COVER SHEET

Please complete this form and include it when submitting any type of document, letter, pleading, etc. to the U.S. District Court for the Southern District of Illinois for review and filing.

Jeff McGraw
Name

Y38458
ID Number

Please answer questions as thoroughly as possible and circle yes or no where indicated.

1. Is this a new civil rights complaint or habeas corpus petition? ☒ Yes or ☐ No

If this is a habeas case, please circle the related statute: 28 U.S.C. 2241 or 28 U.S.C. 2254

2. Is this an Amended Complaint or an Amended Habeas Petition? Yes or ☒ No

If yes, please list case number: _____

If yes, but you do not know the case number mark here: _____

3. Should this document be filed in a pending case? ☒ Yes or ☐ No

If yes, please list case number: 3:21-CV-00800-SMY

If yes, but you do not know the case number mark here: _____

4. Please list the total number of pages being transmitted: 25

5. If multiple documents, please identify each document and the number of pages for each document. For example: Motion to Proceed In Forma Pauperis, 6 pages; Complaint, 28 pages.

Name of Document	Number of Pages
<u>Reply for Summary Judgment For Failure to exhaust Administrative Remedies</u>	<u>4</u>
<u>Exhibits 1</u>	<u>20</u>
<u>Proof of Service</u>	<u>1</u>
_____	_____
_____	_____

Please note that discovery requests and responses are NOT to be filed, and should be forwarded to the attorney(s) of record. Discovery materials sent to the Court will be returned unfilled.